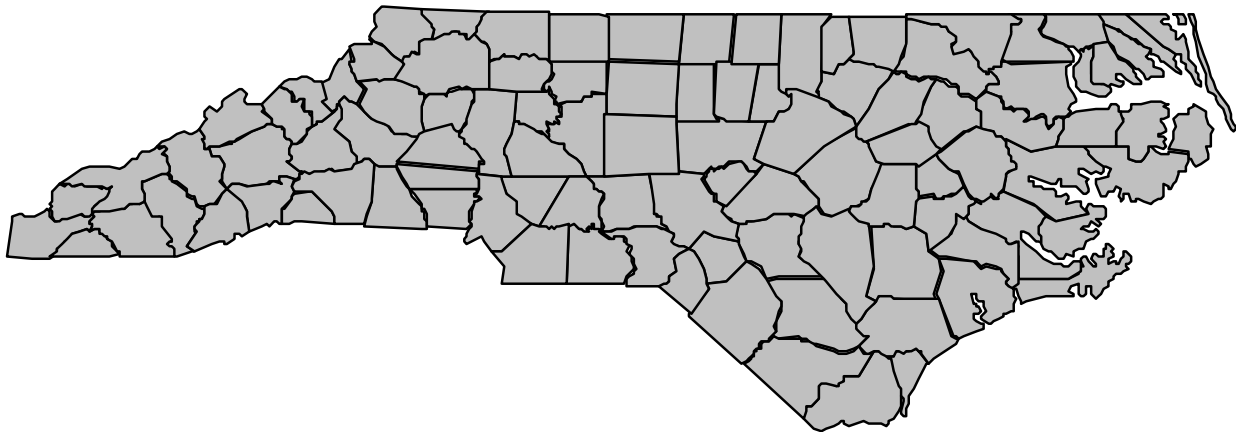


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

**Extended SFY 2004 - 2007 Performance Contract  
With Local Management Entities**

**First Quarter Report  
July 1, 2007 - September 30, 2007**



Prepared by

Quality Management Team  
Community Policy Management Section  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services  
North Carolina Department of Health and Human Services

November 2007



# Extended SFY 2004 - 2007 Performance Contract

## First Quarter Report

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## **Introduction**

This is the **First Quarter Report** for SFY 2007-2008 under the Extended SFY 2004-2007 Performance Contract between the LMEs and NC DHHS. The SFY 2004-2007 contract has been extended through the first half of SFY2007-2008 to allow sufficient time for LMEs to review and sign the new SFY 2008-2010 Performance Contract.

This report includes data on the performance requirements specified in Attachment III, System Performance, of the SFY 2004-2007 contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

It should be noted that all LMEs (except Piedmont Behavioral Healthcare) are subject to the requirements of the Extended SFY 2004-2007 Performance Contract. Piedmont is operating under a Medicaid Waiver and has a separate performance contract with the Department.

The tables on the following pages list the report schedule, provide the performance requirements and standards, and show LME performance for the current state fiscal year under the Extended SFY 2004-2007 Performance Contract.

Overall, LMEs met or exceeded over two-thirds (69.1%) of the 15 performance standards reported this quarter -- 54.2% of the three clinical performance standards and 72.9% of the 12 administrative performance standards for SFY07. This represents an improvement over the prior quarter. While the report shows progress towards meeting the five system management performance standards, the five system management performance standards were not included in the overall percentage as results for these measures are scored annually.

### **Questions or Concerns**

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

# Extended SFY 2004 - 2007 Performance Contract Report Schedule

The table below shows which requirements will be reported by quarter\*

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
<b>1.1. General Administration and Governance</b>				
1.1.1. Local Business Plan Implementation	This measure has been discontinued			
<b>1.2. Access, Triage, and Referral</b>				
1.2.1. Access to Emergent Care	X	X	X	X
1.2.2. Access to Urgent Care	X	X	X	X
1.2.3. Access to Routine Care	X	X	X	X
1.2.4. Access Line	This measure is being revised			
<b>1.3. Service Management</b>				
1.3.1. Choice of Providers	This measure has been discontinued			
1.3.2. Discharge Planning With State Operated Services				X
1.3.3. After-care Planning With State Operated Services				X
1.3.4. Compliance With Diversion Law NCGS 122C-261(f)				X
1.3.5. Transition To Community Services (Community Capacity Plan) - MH	This measure has been discontinued			
1.3.5. Transition To Community Services (Community Capacity Plan) - DD	This measure has been discontinued			
1.3.5. Transition To Community Services (Bed Day Allocations)	X	X	X	X
<b>1.4. Provider Relations and Support</b>				
1.4.1. Proximity	This measure has been discontinued			
1.4.2. SB 163 Provider Monitoring	This measure is being revised			
<b>1.5. Customer Services and Consumer Rights</b>				
1.5.1. Consumer Rights: Proper Notice Of Appeal Rights				X
<b>1.6. Quality Management and Outcomes Evaluation</b>				
1.6.1. Quality Improvement Process				X
1.6.2. Incident Management				X
1.6.3. Incident Reporting	X	X	X	X
<b>1.7. Business Management and Accounting</b>				
1.7.1. Accounting and Claims Adjudication				X
<b>1.8. Information Management, Analysis, and Reporting</b>				
1.8.1. <u>System Monitoring:</u>				
1.8.1.1. Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2. Cost Finding Report	This measure has been discontinued			
1.8.1.3. Paybacks	This measure has been discontinued			
1.8.1.4. SAPTBG Compliance Report		X		X
1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6. Work First Initiative Quarterly Reports	X	X	X	X
1.8.2. <u>Consumer Information:</u>				
1.8.2.0. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
1.8.2.1. Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2. Client Data Warehouse (CDW) - Missing Data	This measure has been discontinued			
1.8.2.2. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
1.8.2.3. Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.6. Client Data Warehouse (CDW) - Episode Completion Record	X	X	X	X
1.8.2.7. DD Client Outcome Inventory (DD COI)	This measure has been discontinued			
1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
1.8.2.11. National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14. Consumer Satisfaction Survey (CSS)			X	

\*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

**Extended SFY 2004 - 2007 Performance Contract**  
**First Quarter Report**  
**July 1, 2007 - September 30, 2007**

**Summary of LME Clinical Performance**

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care
Alamance-Caswell-Rockingham	1	66.7%	★★	★★	
Albemarle	1	66.7%	★★	★	
Beacon Center	1	33.3%	★★		
Catawba-Burke	1	66.7%	★★	★★	
CenterPoint	1	33.3%	★★		
Crossroads	1	66.7%	★★	★	
Cumberland	1	66.7%	★★	★	
Durham	1	33.3%	★★		
East Carolina Behavioral Health	1	33.3%	★★		
Eastpointe	1	33.3%	★★		
Five County	1	66.7%	★★	★★	
Foothills	1	66.7%	★★	★	
Guilford	1	66.7%	★★	★★	
Johnston	1	66.7%	★★	★★	
Mecklenburg	1	100.0%	★★	★	★
Onslow-Carteret	1	66.7%	★★	★	
Orange-Person-Chatham	1	66.7%	★★	★	
Pathways	1	0.0%			
Sandhills Center	1	66.7%	★★	★	
Smoky Mountain	1	33.3%	★★		
Southeastern Center	1	33.3%	★★		
Southeastern Regional	1	33.3%	★★		
Wake	1	100.0%	★★	★★	★
Western Highlands	1	33.3%	★★		
Met Best Practice Standard Q1: ★★		40.3%	23 95.8%	6 25.0%	0 0.0%
Met the SFY2008 Standard Q1: ★		13.9%	0 0.0%	8 33.3%	2 8.3%
Total		54.2%	23 95.8%	14 58.3%	2 8.3%

↑  
 Statewide average for the three measures that  
 were applicable this quarter that met the  
 current SFY or best practice standard.

**Notes:**

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
2. Measures that are shaded gray are not applicable this quarter.
3. The Percent Met column only includes measures where the performance standard is applicable this quarter.

**Extended SFY 2004 - 2007 Performance Contract**  
**First Quarter Report**  
**July 1, 2007 - September 30, 2007**

**Summary of LME System Management Performance**

LME	Qtr	System Management Percent Met* (★ or ★★)	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	1	N/A	<	<	<	<	★★
Albemarle	1	N/A	<	>>	<	<<	★★
Beacon Center	1	N/A	>>	>>	>>	>	★
Catawba-Burke	1	N/A	<	>	<	>>	★★
CenterPoint	1	N/A	<	>	<<	<<	★★
Crossroads	1	N/A	<	<<	<<	<<	★★
Cumberland	1	N/A	<	<<	>	>	★★
Durham	1	N/A	>	<	<	>>	★★
East Carolina Behavioral Health	1	N/A	<	>	<<	<<	★★
Eastpointe	1	N/A	>>	<	<	>	★★
Five County	1	N/A	>	>>	<<	<<	★★
Foothills	1	N/A	>	<<	<<	>>	★★
Guilford	1	N/A	<	<	<<	<	★
Johnston	1	N/A	<<	<	>>>	<	★★
Mecklenburg	1	N/A	<	<<	<<	<<	★★
Onslow-Carteret	1	N/A	<	<	>	<<	★★
Orange-Person-Chatham	1	N/A	<	<<	<	<<	★★
Pathways	1	N/A	<<	>	<<	<	★★
Sandhills Center	1	N/A	<<	<<	<<	<<	★★
Smoky Mountain	1	N/A	<	<<	<	<	★★
Southeastern Center	1	N/A	>	<	<	<<	★★
Southeastern Regional	1	N/A	<	<<	>>	<<	★
Wake	1	N/A	<	<	<<	>>	★★
Western Highlands	1	N/A	>>	<<	>	>	★★

Met Best Practice Standard Q1: ★★	N/A					21 87.5%
Met the SFY2008 Standard Q1: ★	N/A					3 12.5%
Total	N/A					24 100.0%

↑  
 Statewide average was not applicable this quarter as the five measures shown are scored annually.

**Notes:**

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.  
 ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
- Measures that are shaded gray are not applicable this quarter.
- The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include annual measures

<b>Bed-Day Allocation Symbols (Applicable First 3 Quarters Only)</b>	
>>>>	YTD utilization has exceeded the annual allocation.
>>	YTD utilization is more than 10% above the YTD prorated allocation.
>	YTD utilization is less than 10% above the YTD prorated allocation.
=	YTD utilization is equal to the YTD prorated allocation.
<	YTD utilization is less than 10% below the YTD prorated allocation.
<<	YTD utilization is more than 10% below the YTD prorated allocation.

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Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met <sup>2</sup> (★ or ★★)	1.8.1. Quarterly Fiscal Monitoring Reports (SFY07 Q4)	1.8.1. Quarterly Fiscal Monitoring Reports (Current Qtr)	1.8.1.5. SAJJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.0. CDW - Screening Record	1.8.2.2. CDW - Diagnosis	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.6. CDW - Episode Completion Records	1.8.2.9. NC TOPPS (Initial)	1.8.2.10. NC TOPPS (Update)	1.8.2.13. NC-SNAP
Alamance-Caswell-Rockingham	1	75.0%	★★	★★	★★	★		★★	★★	★	★	★★			★★
Albemarle	1	66.7%		★★	★★	★★	★★	★	★	★	★	★★			
Beacon Center	1	72.7%	★★	★★		★★	★	★	★		★★	★			★★
Catawba-Burke	1	81.8%	★★	★★		★★	★	★★	★	★	★	★★			★★
CenterPoint	1	83.3%	★★	★★	★★	★★	★★	★★	★★	★	★	★			★★
Crossroads	1	75.0%	★★	★★	★★	★★	★★	★	★	★		★			★★
Cumberland	1	83.3%	★★	★★	★★	★	★★	★	★	★★	★	★			★★
Durham	1	83.3%	★★	★★	★★	★★	★★	★★	★★	★★	★	★★			★
East Carolina Behavioral Health	1	75.0%	★★	★★	★★	★★	★★	★	★	★	★	★			
Eastpointe	1	83.3%	★★	★★	★★	★★	★★	★	★		★	★	★		★★
Five County	1	58.3%	★★	★★	★★	★★		★	★			★★			★★
Foothills	1	83.3%	★★	★★	★★	★★	★	★	★★	★	★	★			★★
Guilford	1	75.0%	★★	★★	★★	★★	★★	★	★	★	★★	★			
Johnston	1	90.9%	★★	★★		★★	★★	★★	★	★★	★	★★	★		★★
Mecklenburg	1	75.0%	★★	★★	★★	★★	★	★	★	★		★			★★
Onslow-Carteret	1	33.3%	★★	★★	★★	★★				★					
Orange-Person-Chatham	1	58.3%	★★	★★	★★	★★		★	★		★	★			
Pathways	1	66.7%	★★	★★	★★	★★	★★	★★	★	★		★★			
Sandhills Center	1	83.3%	★★	★★	★★	★★	★	★★	★★	★	★	★★			★★
Smoky Mountain	1	36.4%	★★	★★		★★		★				★			
Southeastern Center	1	66.7%		★★	★★	★★	★		★	★	★	★			★★
Southeastern Regional	1	83.3%	★★	★★	★★	★★	★★	★★	★★	★★	★★	★★			★★
Wake	1	75.0%	★★	★★	★★	★★	★	★	★	★	★	★			
Western Highlands	1	83.3%	★★	★★	★★	★★	★★	★★	★★	★★	★	★★			★
Met Best Practice Standard Q1: ★★		44.0%	22 91.7%	24 100.0%	20 100.0%	22 91.7%	12 50.0%	9 37.5%	7 29.2%	5 20.8%	3 12.5%	9 37.5%	0 0.0%	0 0.0%	14 58.3%
Met the SFY2008 Standard Q1: ★		28.9%	0 0.0%	0 0.0%	0 0.0%	2 8.3%	7 29.2%	13 54.2%	15 62.5%	14 58.3%	15 62.5%	14 58.3%	2 8.3%	0 0.0%	2 8.3%
Total		72.9%	22 91.7%	24 100.0%	20 100.0%	24 100.0%	19 79.2%	22 91.7%	22 91.7%	19 79.2%	18 75.0%	23 95.8%	2 8.3%	0 0.0%	16 66.7%

Statewide average for the 12 measures that were applicable this quarter that met the current SFY or best practice standard.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.  
★ = On track for meeting the annual Current State Fiscal Year Standard. ★★ = On track for meeting the annual Best Practice Standard.
- Measures that are shaded gray are not applicable this quarter.
- The Percent Met column only includes measures where the performance standard is applicable this quarter.

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**Access, Triage and Referral.**  
**1.2.1. Access to Emergent Care (Current Quarter Detailed Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

**Best Practice Standard:** 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.  
**SFY 2008 Standard:** 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received <sup>1</sup>	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen <sup>2</sup> in 2 Hours		Total Provided Access Within 2 Hours <sup>3</sup>		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons <sup>4</sup> Determined To Need	Met Std <sup>5</sup>
Alamance-Caswell-Rockingham	10/19/07	1,217	80	6.6%	80	100.0%	0	0.0%	80	100.0%	★★
Albemarle	10/19/07	1,419	3	0.2%	3	100.0%	0	0.0%	3	100.0%	★★
Beacon Center	10/18/07	1,079	20	1.9%	20	100.0%	0	0.0%	20	100.0%	★★
Catawba-Burke	10/10/07	2,673	155	5.8%	155	100.0%	0	0.0%	155	100.0%	★★
CenterPoint	10/17/07	3,585	1,138	31.7%	1,083	95.2%	55	4.8%	1,138	100.0%	★★
Crossroads	10/19/07	2,243	275	12.3%	275	100.0%	0	0.0%	275	100.0%	★★
Cumberland	10/19/07	1,307	51	3.9%	51	100.0%	0	0.0%	51	100.0%	★★
Durham	10/15/07	1,505	546	36.3%	453	83.0%	93	17.0%	546	100.0%	★★
East Carolina Behavioral Health	10/15/07	1,680	155	9.2%	155	100.0%	0	0.0%	155	100.0%	★★
Eastpointe	10/19/07	1,160	29	2.5%	29	100.0%	0	0.0%	29	100.0%	★★
Five County	10/15/07	1,681	724	43.1%	724	100.0%	0	0.0%	724	100.0%	★★
Foothills	10/11/07	2,648	246	9.3%	244	99.2%	2	0.8%	246	100.0%	★★
Guilford	10/17/07	3,258	1,455	44.7%	1,455	100.0%	0	0.0%	1,455	100.0%	★★
Johnston	10/18/07	721	97	13.5%	97	100.0%	0	0.0%	97	100.0%	★★
Mecklenburg	10/11/07	1,723	454	26.3%	453	99.8%	1	0.2%	454	100.0%	★★
Onslow-Carteret	10/15/07	1,169	457	39.1%	454	99.3%	3	0.7%	457	100.0%	★★
Orange-Person-Chatham	10/17/07	1,301	242	18.6%	241	99.6%	1	0.4%	242	100.0%	★★
Pathways	10/19/07	1,947	333	17.1%	229	68.8%	40	12.0%	269	80.8%	
Sandhills Center	10/18/07	2,782	578	20.8%	576	99.7%	2	0.3%	578	100.0%	★★
Smoky Mountain	10/19/07	2,977	509	17.1%	404	79.4%	105	20.6%	509	100.0%	★★
Southeastern Center	10/19/07	2,148	96	4.5%	96	100.0%	0	0.0%	96	100.0%	★★
Southeastern Regional	10/19/07	2,478	60	2.4%	60	100.0%	0	0.0%	60	100.0%	★★
Wake	10/19/07	2,556	495	19.4%	495	100.0%	0	0.0%	495	100.0%	★★
Western Highlands	10/12/07	1,961	424	21.6%	424	100.0%	0	0.0%	424	100.0%	★★
<b>Total</b>		<b>47,218</b>	<b>8,622</b>	<b>18.3%</b>	<b>8,256</b>	<b>95.8%</b>	<b>302</b>	<b>3.5%</b>	<b>8,558</b>	<b>99.3%</b>	<b>★</b>

Number and Pct of LMEs that met the Best Practice Standard:

23 (95.8%)

Number and Pct of LMEs that met the SFY 2008 Standard:

0 (0%)

Total

23 (95.8%)

**Notes:**

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



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**Access, Triage and Referral.**  
**1.2.2. Access to Urgent Care (Current Quarter Detailed Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

**Best Practice Standard:** 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

**SFY 2008 Standard:** 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received <sup>1</sup>	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined <sup>2</sup>		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons <sup>3</sup> Determined To Need	Met Std <sup>4</sup>	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	10/19/07	1,217	94	7.7%	94	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	10/19/07	1,419	370	26.1%	323	87.3%	★	26	7.0%	17	4.6%	98.9%
Beacon Center	10/18/07	1,079	283	26.2%	122	43.1%		13	4.6%	51	18.0%	65.7%
Catawba-Burke	10/10/07	2,673	15	0.6%	15	100.0%	★★	0	0.0%	0	0.0%	100.0%
CenterPoint	10/17/07	3,585	240	6.7%	181	75.4%		10	4.2%	41	17.1%	96.7%
Crossroads	10/19/07	2,243	370	16.5%	361	97.6%	★	0	0.0%	9	2.4%	100.0%
Cumberland	10/19/07	1,307	76	5.8%	65	85.5%	★	4	5.3%	7	9.2%	100.0%
Durham	10/15/07	1,505	60	4.0%	43	71.7%		1	1.7%	11	18.3%	91.7%
East Carolina Behavioral Health	10/15/07	1,680	200	11.9%	133	66.5%		15	7.5%	52	26.0%	100.0%
Eastpointe	10/19/07	1,160	155	13.4%	61	39.4%		1	0.6%	19	12.3%	52.3%
Five County	10/15/07	1,681	26	1.5%	26	100.0%	★★	0	0.0%	0	0.0%	100.0%
Foothills	10/11/07	2,648	95	3.6%	85	89.5%	★	6	6.3%	4	4.2%	100.0%
Guilford	10/17/07	3,258	68	2.1%	68	100.0%	★★	0	0.0%	0	0.0%	100.0%
Johnston	10/18/07	721	57	7.9%	57	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	10/11/07	1,723	660	38.3%	658	99.7%	★	0	0.0%	2	0.3%	100.0%
Onslow-Carteret	10/15/07	1,169	216	18.5%	191	88.4%	★	2	0.9%	23	10.6%	100.0%
Orange-Person-Chatham	10/17/07	1,301	176	13.5%	175	99.4%	★	0	0.0%	1	0.6%	100.0%
Pathways	10/19/07	1,947	300	15.4%	213	71.0%		7	2.3%	11	3.7%	77.0%
Sandhills Center	10/18/07	2,782	478	17.2%	410	85.8%	★	40	8.4%	28	5.9%	100.0%
Smoky Mountain	10/19/07	2,977	422	14.2%	315	74.6%		70	16.6%	37	8.8%	100.0%
Southeastern Center	10/19/07	2,148	445	20.7%	314	70.6%		32	7.2%	35	7.9%	85.6%
Southeastern Regional	10/19/07	2,478	262	10.6%	184	70.2%		52	19.8%	26	9.9%	100.0%
Wake	10/19/07	2,556	495	19.4%	495	100.0%	★★	14	2.8%	7	1.4%	104.2%
Western Highlands	10/12/07	1,961	156	8.0%	75	48.1%		18	11.5%	25	16.0%	75.6%
Total		47,218	5,719	12.1%	4,664	81.6%		311	5.4%	406	7.1%	94.1%

Number and Pct of LMEs that met the Best Practice Standard:

6 (25%)

Number and Pct of LMEs that met the SFY 2008 Standard:

8 (33.3%)

Total

14 (58.3%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
5. If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Access, Triage and Referral.**  
**1.2.3. Access to Routine Care (Current Quarter Detailed Report)**

**Performance Requirement:** LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

**Best Practice Standard:** **100%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

**SFY 2008 Standard:** **85%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received <sup>1</sup>	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined <sup>2</sup>		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons <sup>3</sup> Determined To Need	Met Std <sup>4</sup>	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	10/19/07	1,217	1,040	85.5%	456	43.8%		5	0.5%	74	7.1%	51.4%
Albemarle	10/19/07	1,419	1,037	73.1%	371	35.8%		326	31.4%	90	8.7%	75.9%
Beacon Center	10/18/07	1,079	770	71.4%	583	75.7%		25	3.2%	170	22.1%	101.0%
Catawba-Burke	10/10/07	2,672	1,497	56.0%	831	55.5%		147	9.8%	80	5.3%	70.7%
CenterPoint	10/17/07	3,585	2,190	61.1%	678	31.0%		88	4.0%	332	15.2%	50.1%
Crossroads	10/19/07	2,243	1,485	66.2%	667	44.9%		39	2.6%	90	6.1%	53.6%
Cumberland	10/19/07	1,307	638	48.8%	361	56.6%		27	4.2%	250	39.2%	100.0%
Durham	10/15/07	1,505	899	59.7%	663	73.7%		72	8.0%	139	15.5%	97.2%
East Carolina Behavioral Health	10/15/07	1,680	1,037	61.7%	667	64.3%		70	6.8%	300	28.9%	100.0%
Eastpointe	10/19/07	1,160	969	83.5%	674	69.6%		4	0.4%	41	4.2%	74.2%
Five County	10/15/07	1,681	931	55.4%	573	61.5%		81	8.7%	41	4.4%	74.7%
Foothills	10/11/07	2,648	2,307	87.1%	1,875	81.3%		116	5.0%	316	13.7%	100.0%
Guilford	10/17/07	3,258	1,371	42.1%	1,087	79.3%		0	0.0%	284	20.7%	100.0%
Johnston	10/18/07	721	450	62.4%	256	56.9%		35	7.8%	143	31.8%	96.4%
Mecklenburg	10/11/07	1,723	609	35.3%	565	92.8%	★	0	0.0%	44	7.2%	100.0%
Onslow-Carteret	10/15/07	1,169	493	42.2%	394	79.9%		4	0.8%	95	19.3%	100.0%
Orange-Person-Chatham	10/17/07	1,301	847	65.1%	664	78.4%		28	3.3%	66	7.8%	89.5%
Pathways	10/19/07	1,947	1,276	65.5%	531	41.6%		55	4.3%	293	23.0%	68.9%
Sandhills Center	10/18/07	2,782	1,310	47.1%	1,003	76.6%		132	10.1%	175	13.4%	100.0%
Smoky Mountain	10/19/07	2,977	2,046	68.7%	1,255	61.3%		8	0.4%	512	25.0%	86.8%
Southeastern Center	10/16/07	2,148	1,314	61.2%	609	46.3%		227	17.3%	478	36.4%	100.0%
Southeastern Regional	10/19/07	2,478	1,015	41.0%	809	79.7%		128	12.6%	78	7.7%	100.0%
Wake	10/19/07	2,556	1,440	56.3%	1,316	91.4%	★	109	7.6%	15	1.0%	100.0%
Western Highlands	10/12/07	1,961	1,335	68.1%	872	65.3%		100	7.5%	35	2.6%	75.4%
Total		47,217	28,306	59.9%	17,760	62.7%		1,826	6.5%	4,141	14.6%	83.8%

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2008 Standard:

2 (8.3%)

Total

2 (8.3%)

**Notes:**

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

**Service Management.**  
**1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)**  
**(Cumulative Year-To-Date)**

**Performance Requirement:** In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

**Best Practice Standard:** The LME uses 90% or less of its annual bed-day allocation per category.  
**SFY 2008 Standard:** The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>	Annual Allocation	YTD # Used	YTD % Used <sup>1</sup>	Standard Met <sup>2</sup>
<b>YTD Straight-line Percentage:</b>	<b>25%</b>				<b>25%</b>				<b>25%</b>				<b>25%</b>			
Alamance-Caswell-Rockingham	5,314	1,222	23.0%		2,862	671	23.4%		1,602	302	18.9%		1,729	417	24.1%	
Albemarle	2,529	592	23.4%		3,823	1,438	37.6%		415	87	21.0%		701	36	5.1%	
Beacon Center	3,351	1,816	54.2%		5,063	1,868	36.9%		613	277	45.2%		774	263	34.0%	
Catawba-Burke	4,360	866	19.9%		2,273	770	33.9%		1,305	277	21.2%		533	200	37.5%	
CenterPoint	8,636	1,778	20.6%		4,650	1,469	31.6%		2,767	232	8.4%		2,586	70	2.7%	
Crossroads	4,603	953	20.7%		2,435	174	7.1%		1,416	124	8.8%		584	76	13.0%	
Cumberland	4,303	885	20.6%		6,503	675	10.4%		823	277	33.7%		657	214	32.6%	
Durham	5,382	1,711	31.8%		2,897	617	21.3%		1,602	311	19.4%		1,125	481	42.8%	
East Carolina Behavioral Health	5,322	1,033	19.4%		8,041	2,237	27.8%		906	115	12.7%		1,299	42	3.2%	
Eastpointe	3,942	1,659	42.1%		5,957	1,281	21.5%		753	174	23.1%		949	327	34.5%	
Five County	4,650	1,418	30.5%		2,504	1,093	43.7%		1,519	220	14.5%		1,427	191	13.4%	
Foothills	3,195	803	25.1%		1,494	216	14.5%		944	82	8.7%		387	168	43.4%	
Guilford	9,500	2,014	21.2%		5,115	1,015	19.8%		2,913	325	11.2%		2,519	482	19.1%	
Johnston	2,004	261	13.0%		3,028	486	16.1%		426	507	119.0%		350	68	19.4%	
Mecklenburg	6,802	1,413	20.8%		8,414	938	11.1%		1,796	266	14.8%		1,161	157	13.5%	
Onslow-Carteret	3,285	601	18.3%		4,964	841	16.9%		520	157	30.2%		584	78	13.4%	
Orange-Person-Chatham	4,849	863	17.8%		2,611	299	11.5%		1,248	198	15.9%		1,192	76	6.4%	
Pathways	6,156	780	12.7%		3,479	962	27.7%		1,818	219	12.0%		795	128	16.1%	
Sandhills Center	10,695	1,270	11.9%		5,759	666	11.6%		3,537	270	7.6%		3,358	360	10.7%	
Smoky Mountain	5,962	1,379	23.1%		3,346	353	10.5%		1,485	244	16.4%		1,037	168	16.2%	
Southeastern Center	4,698	1,239	26.4%		7,098	1,480	20.9%		701	138	19.7%		1,234	86	7.0%	
Southeastern Regional	3,416	661	19.4%		5,763	538	9.3%		683	296	43.3%		752	74	9.8%	
Wake	17,405	3,119	17.9%		9,372	1,865	19.9%		5,617	544	9.7%		2,854	1,316	46.1%	
Western Highlands	7,758	3,399	43.8%		4,547	632	13.9%		2,082	646	31.0%		1,460	473	32.4%	
<b>Totals</b>	<b>138,117</b>	<b>31,735</b>	<b>23.0%</b>		<b>111,998</b>	<b>22,584</b>	<b>20.2%</b>		<b>37,491</b>	<b>6,288</b>	<b>16.8%</b>		<b>30,047</b>	<b>5,951</b>	<b>19.8%</b>	

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2008 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

**Notes:**

- YTD straight-line percentage for the current quarter is 25%.  
Percentages that exceed the annual SFY 2008 Performance Contract Standard are highlighted red.  
Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.  
Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- Standard Met is reported at the end of the year in the fourth quarter report.  
★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Quality Management and Outcomes Evaluation.  
1.6.3. Incident Reporting**

**Performance Requirement:** The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

**Best Practice Standard:** 100% of reports show clear evidence of an effective process containing all 5 elements (1-5 above).  
**SFY 2008 Standard:** 75% of reports show clear evidence of an effective process containing at least 4 elements.

Local Management Entity	1st Qtr Report (Due 10/20/07)		2nd Qtr Report (Due 1/20/08)		3rd Qtr Report (Due 4/20/08)		4th Qtr Report (Due 7/20/08)		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Elements Included	Date Received <sup>1</sup>	Elements Included	Date Received <sup>1</sup>	Elements Included	Date Received <sup>1</sup>	Elements Included	
Alamance-Caswell-Rockingham	10/19/07	All 5							☆☆
Albemarle	10/19/07	All 5							☆☆
Beacon Center	10/19/07	4							☆
Catawba-Burke	10/19/07	All 5							☆☆
CenterPoint	10/19/07	All 5							☆☆
Crossroads	10/19/07	All 5							☆☆
Cumberland	10/19/07	All 5							☆☆
Durham	10/19/07	All 5							☆☆
East Carolina Behavioral Health	10/19/07	All 5							☆☆
Eastpointe	10/19/07	All 5							☆☆
Five County	10/19/07	All 5							☆☆
Foothills	10/15/07	All 5							☆☆
Guilford	10/16/07	<4							☆
Johnston	10/19/07	All 5							☆☆
Mecklenburg	10/19/07	All 5							☆☆
Onslow-Carteret	10/19/07	All 5							☆☆
Orange-Person-Chatham	10/19/07	All 5							☆☆
Pathways	10/19/07	All 5							☆☆
Sandhills Center	10/18/07	All 5							☆☆
Smoky Mountain	11/8/07	All 5							☆☆
Southeastern Center	10/19/07	All 5							☆☆
Southeastern Regional	10/19/07	4							☆
Wake	10/18/07	All 5							☆☆
Western Highlands	10/16/07	All 5							☆☆

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

21 (87.5%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2008 Standard:

3 (12.5%)

Total

24 (100%)

**Notes:**

1. Dates that are shaded red indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.

2. The performance standard is an annual standard (black stars). Progress is reported quarterly (blue stars).

☆☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
Fourth Quarter Report  
April 1, 2007 - June 30, 2007

**Information Management, Analysis, and Reporting.**  
**1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report**

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/06)			2nd Qtr Report (Due 2/20/07)			3rd Qtr Report (Due 4/20/07)			4th Qtr Report (Due 8/31/07)		
	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★	8/31/07	Yes	★★
Albemarle	10/18/06	Yes	★★	Not Rec'd	No		4/16/07	Yes	★★	9/5/07	Yes	
Catawba	10/17/06	Yes	★★	1/11/07	Yes	★★	4/18/07	Yes	★★	8/28/07	Yes	★★
CenterPoint	10/17/06	Yes	★★	2/15/07	Yes	★★	4/19/07	Yes	★★	8/24/07	Yes	★★
Crossroads	10/18/06	Yes	★★	2/20/07	Yes	★★	4/16/07	Yes	★★	8/24/07	Yes	★★
Cumberland	10/12/06	Yes	★★	2/21/07	Yes		4/16/07	Yes	★★	8/30/07	Yes	★★
Durham	10/10/06	Yes	★★	2/14/07	Yes	★★	4/2/07	Yes	★★	8/30/07	Yes	★★
Eastpointe	10/18/06	Yes	★★	2/7/07	Yes	★★	4/20/07	Yes	★★	8/31/07	Yes	★★
Edgecombe-Nash	10/13/06	Yes	★★	2/19/07	Yes	★★	4/11/07	Yes	★★	8/16/07	Yes	★★
Five County	10/17/06	Yes	★★	2/20/07	Yes	★★	4/16/07	Yes	★★	8/31/07	Yes	★★
Foothills	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★	8/31/07	Yes	★★
Guilford	10/12/06	Yes	★★	1/22/07	Yes	★★	4/13/07	Yes	★★	8/28/07	Yes	★★
Johnston	10/20/06	Yes	★★	2/20/07	Yes	★★	4/19/07	Yes	★★	8/30/07	Yes	★★
Mecklenburg	10/17/06	Yes	★★	2/19/07	Yes	★★	4/19/07	Yes	★★	8/16/07	Yes	★★
Neuse	10/17/06	Yes	★★	2/12/07	Yes	★★	4/11/07	Yes	★★	8/31/07	Yes	★★
New River	10/20/06	Yes	★★	Not Rec'd	No		Not Rec'd	No		Merged with Smoky Mountain		
Onslow-Carteret	10/17/06	Yes	★★	Not Rec'd	No		8/24/07	Yes		8/31/07	Yes	★★
Orange-Person-Chatham	10/20/06	Yes	★★	2/16/07	Yes	★★	4/20/07	Yes	★★	8/29/07	Yes	★★
Pathways	10/18/06	Yes	★★	1/18/07	Yes	★★	4/11/07	Yes	★★	8/8/07	Yes	★★
Pitt	2/7/07	Yes		2/17/07	Yes	★★	Not Rec'd	No		8/31/07	Yes	★★
Roanoke-Chowan	10/16/06	Yes	★★	2/19/07	Yes	★★	4/18/07	Yes	★★	8/31/07	Yes	★★
Sandhills Center	10/18/06	Yes	★★	2/15/07	Yes	★★	4/11/07	Yes	★★	8/23/07	Yes	★★
Smoky Mountain	10/20/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★	8/31/07	Yes	★★
Southeastern Center	10/18/06	Yes	★★	2/12/07	Yes	★★	4/20/07	Yes	★★	9/5/07	Yes	
Southeastern Regional	10/16/06	Yes	★★	2/19/07	Yes	★★	4/20/07	Yes	★★	8/24/07	Yes	★★
Tideland	10/26/06	Yes		2/7/07	Yes	★★	9/11/07	Yes		Not Rec'd	No	
Wake	10/18/06	Yes	★★	2/20/07	Yes	★★	4/20/07	Yes	★★	8/28/07	Yes	★★
Western Highlands	10/31/06	Yes		2/2/07	Yes	★★	4/19/07	Yes	★★	8/29/07	Yes	★★
Wilson-Greene	10/16/06	Yes	★★	2/17/07	Yes	★★	4/19/07	Yes	★★	8/24/07	Yes	★★

# and % of LMEs that met the Performance Standard: 26 (89.7%) 25 (86.2%) 25 (86.2%) 25 (89.3%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Information Management, Analysis, and Reporting.**  
**1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report**

**Performance Requirement:** LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

**Best Practice Standard:** 100% of reports are accurate, complete, and received by the due date.

**SFY 2008 Standard:** Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/07)			2nd Qtr Report (Due 2/20/08)			3rd Qtr Report (Due 4/20/08)			4th Qtr Report (Due 8/31/08)		
	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	10/20/07	Yes	★★									
Albemarle	10/16/07	Yes	★★									
Beacon Center	10/11/07	Yes	★★									
Catawba-Burke	10/17/07	Yes	★★									
CenterPoint	10/16/07	Yes	★★									
Crossroads	10/15/07	Yes	★★									
Cumberland	10/19/07	Yes	★★									
Durham	10/17/07	Yes	★★									
East Carolina Behavioral Health	10/17/07	Yes	★★									
Eastpointe	10/17/07	Yes	★★									
Five County	10/16/07	Yes	★★									
Foothills	10/20/07	Yes	★★									
Guilford	10/18/07	Yes	★★									
Johnston	10/19/07	Yes	★★									
Mecklenburg	10/16/07	Yes	★★									
Onslow-Carteret	10/15/07	Yes	★★									
Orange-Person-Chatham	10/20/07	Yes	★★									
Pathways	10/15/07	Yes	★★									
Sandhills Center	10/16/07	Yes	★★									
Smoky Mountain	10/19/07	Yes	★★									
Southeastern Center	10/17/07	Yes	★★									
Southeastern Regional	10/17/07	Yes	★★									
Wake	10/20/07	Yes	★★									
Western Highlands	10/18/07	Yes	★★									

# and % of LMEs that met the Performance Standard: 24 (100%) 0 (0%) 0 (0%) 0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Information Management, Analysis, and Reporting.**  
**1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports**

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2008 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Reports (Due 10/20/07)							2nd Qtr Reports (Due 1/20/08)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met <sup>2</sup>	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete		Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham			10/5/07	Yes			★★							
Albemarle			10/5/07	Yes	10/5/07	Yes	★★							
CenterPoint	10/8/07	Yes	10/8/07	Yes			★★							
Crossroads			10/8/07	Yes			★★							
Cumberland	10/4/07	Yes	10/4/07	Yes			★★							
Durham	10/9/07	Yes	10/9/07	Yes			★★							
East Carolina Behavioral Health	10/5/07	Yes	10/5/07	Yes	10/5/07	Yes	★★							
Eastpointe			10/8/07	Yes	10/8/07	Yes	★★							
Five County			10/19/07	Yes			★★							
Foothills	10/5/07	Yes					★★							
Guilford	10/2/07	Yes	10/2/07	Yes			★★							
Mecklenburg	10/8/07	Yes					★★							
Onslow-Carteret			10/20/07	Yes			★★							
Orange-Person-Chatham			10/5/07	Yes			★★							
Pathways	10/8/07	Yes					★★							
Sandhills Center	10/4/07	Yes	10/4/07	Yes			★★							
Southeastern Center	10/5/07	Yes	10/5/07	Yes			★★							
Southeastern Regional			10/8/07	Yes	10/8/07	Yes	★★							
Wake	10/3/07	Yes	10/3/07	Yes			★★							
Western Highlands	10/19/07	Yes	10/19/07	Yes			★★							
Catawba-Burke														
Beacon Center														
Johnston														
Smoky Mountain														

These LMEs do not have a SA/JJ Initiative.

Met the Best Practice Standard:

Met the SFY2008 Standard:

Total

20 (100%)

0 (0%)

20 (100%)

0 (0%)

0 (0%)

0 (0%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red. **Italicized** dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Information Management, Analysis, and Reporting.**  
**1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports**

**Performance Requirement:** LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

**Best Practice Standard:** 100% of reports are accurate, complete, and received by the due date.

**SFY 2008 Standard:** 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/07)		2nd Qtr Report (Due 1/20/08)		3rd Qtr Report (Due 4/20/08)		4th Qtr Report (Due 7/20/08)		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham	10/23/07	Yes							★
Albemarle	10/16/07	Yes							☆☆
Beacon Center	10/16/07	Yes							☆☆
Catawba-Burke	10/19/07	Yes							☆☆
CenterPoint	10/12/07	Yes							☆☆
Crossroads	10/19/07	Yes							☆☆
Cumberland	10/23/07	Yes							★
Durham	10/19/07	Yes							☆☆
East Carolina Behavioral Health	10/15/07	Yes							☆☆
Eastpointe	10/10/07	Yes							☆☆
Five County	10/19/07	Yes							☆☆
Foothills	10/19/07	Yes							☆☆
Guilford	10/11/07	Yes							☆☆
Johnston	10/11/07	Yes							☆☆
Mecklenburg	10/18/07	Yes							☆☆
Onslow-Carteret	10/19/07	Yes							☆☆
Orange-Person-Chatham	10/12/07	Yes							☆☆
Pathways	10/19/07	Yes							☆☆
Sandhills Center	10/17/07	Yes							☆☆
Smoky Mountain	10/19/07	Yes							☆☆
Southeastern Center	10/17/07	Yes							☆☆
Southeastern Regional	10/19/07	Yes							☆☆
Wake	10/18/07	Yes							☆☆
Western Highlands	10/19/07	Yes							☆☆

Number and Pct of LMEs that met the Best Practice Standard:

22 (91.7%)

Number and Pct of LMEs that met the SFY 2008 Standard:

2 (8.3%)

Total

24 (100%)

**Notes:**

1. Dates that are shaded red indicate reports received >10 days after the due date.

**Italicized** dates with yellow shading are within 10 days after the due date.

2. The performance standard is an annual standard. Progress is reported quarterly.

★ = On track for meeting the Current SFY Performance Contract Standard. ★★ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.



Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Information Management, Analysis, and Reporting.**  
**1.8.2.0. Consumer Information - Client Data Warehouse (CDW)**  
**Screening Records**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (April 1, 2007 - June 30, 2007) with a cross-reference to the CNDS completed within 30 days of initial contact.

**Best Practice Standard:** 100% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

**SFY 2008 Standard:** 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	913	317	596	65%	
Albemarle	77	0	77	100%	★★
Beacon Center	1,161	39	1,122	97%	★
Catawba-Burke	939	17	922	98%	★
CenterPoint	2,364	0	2,364	100%	★★
Crossroads	1,514	3	1,511	100%	★★
Cumberland	1,309	0	1,309	100%	★★
Durham	1,372	0	1,372	100%	★★
East Carolina Behavioral Health	270	0	270	100%	★★
Eastpointe	1,206	0	1,206	100%	★★
Five County	0	0	0	0%	
Foothills	1,170	13	1,157	99%	★
Guilford	1,772	1	1,771	100%	★★
Johnston	387	0	387	100%	★★
Mecklenburg	874	86	788	90%	★
Onslow-Carteret	0	0	0	0%	
Orange-Person-Chatham	0	0	0	0%	
Pathways	1,111	1	1,110	100%	★★
Sandhills Center	1,559	62	1,497	96%	★
Smoky Mountain	919	162	757	82%	
Southeastern Center	2,077	37	2,040	98%	★
Southeastern Regional	2,444	0	2,444	100%	★★
Wake	465	15	450	97%	★
Western Highlands	1,222	1	1,221	100%	★★
TOTAL	25,125	754	24,371	97%	★

Number and Pct of LMEs that met the Best Practice Standard:

12 (50%)

Number and Pct of LMEs that met the SFY 2008 Standard:

7 (29.2%)

Total

19 (79.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
First Quarter Report  
July 1, 2007 - September 30, 2007

**Information Management, Analysis, and Reporting.**  
**1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of October 31, 2007.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2008	First Quarter Adm SFY2007	Monthly Average SFY2008	Monthly Average SFY2007
Alamance-Caswell-Rockingham	23051	141	147	125	413	417	138	139
Albemarle	43121	270	173	19	462	643	154	214
Beacon Center	43051	56	53	6	115	148	38	49
Catawba-Burke	13091	823	236	116	1,175	493	392	164
CenterPoint	23021	226	249	209	684	844	228	281
CrossRoads	23011	138	167	99	404	1,082	135	361
Cumberland	33051	224	223	149	596	628	199	209
Durham	23071	207	226	114	547	327	182	109
East Carolina Behavioral Health	43071	347	340	220	907	1,162	302	387
Eastpointe	43081	100	93	81	274	131	91	44
Five County	23081	0	0	0	0	53	0	18
Foothills	13051	79	103	78	260	253	87	84
Guilford	23041	297	315	251	863	691	288	230
Johnston	33071	123	116	109	348	276	116	92
Mecklenburg	13102	294	271	198	763	428	254	143
Onslow-Carteret	43021	65	128	240	433	625	144	208
Orange-Person-Chatham	23061	35	49	20	104	19	35	6
Pathways	13081	200	210	78	488	475	163	158
Sandhills	33031	416	443	368	1,227	754	409	251
Smoky Mountain	13010	234	285	303	822	313	274	104
Southeastern Center	43011	348	327	248	923	761	308	254
Southeastern Regional	33041	225	221	182	628	444	209	148
Wake	33081	340	292	181	813	825	271	275
Western Highlands	13131	304	353	200	857	936	286	312
<b>TOTAL ADMISSIONS</b>		<b>5,492</b>	<b>5,020</b>	<b>3,594</b>	<b>14,106</b>	<b>12,728</b>	<b>4,702</b>	<b>4,243</b>

Data that are shaded are incomplete or appear to be inaccurate.

Extended SFY 2004 - 2007 Performance Contract  
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**Information Management, Analysis, and Reporting.**  
**1.8.2.2. Consumer Information - Client Data Warehouse (CDW)**  
**Diagnosis Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2007 - June 30, 2007) with a diagnosis completed within 30 days of beginning date of service.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

SFY 2008 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Claims	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	427	0	427	100%	★★
Albemarle	465	34	431	93%	★
Beacon Center	309	11	298	96%	★
Catawba-Burke	629	2	627	100%	★★
CenterPoint	573	0	573	100%	★★
Crossroads	373	2	371	99%	★
Cumberland	732	47	685	94%	★
Durham	758	0	758	100%	★★
East Carolina Behavioral Health	657	7	650	99%	★
Eastpointe	896	19	877	98%	★
Five County	341	2	339	99%	★
Foothills	384	9	375	98%	★
Guilford	859	21	838	98%	★
Johnston	410	0	410	100%	★★
Mecklenburg	1,789	97	1,692	95%	★
Onslow-Carteret	531	169	362	68%	
Orange-Person-Chatham	139	9	130	94%	★
Pathways	1,059	4	1,055	100%	★★
Sandhills Center	1,142	1	1,141	100%	★★
Smoky Mountain	1,042	102	940	90%	★
Southeastern Center	1,105	159	946	86%	
Southeastern Regional	658	0	658	100%	★★
Wake	923	73	850	92%	★
Western Highlands	1,059	5	1,054	100%	★★
<b>TOTAL</b>	<b>17,260</b>	<b>773</b>	<b>16,487</b>	<b>96%</b>	<b>★</b>

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2008 Standard:  
Total

9 (37.5%)

13 (54.2%)

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
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**Information Management, Analysis, and Reporting.**  
**1.8.2.3. Consumer Information - Client Data Warehouse (CDW)**  
**"Unknown" Value In Mandatory Fields**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".  
The table below shows the percentage of clients admitted during the prior quarter (April 1, 2007 - June 30, 2007) where all mandatory data fields contain a value other than 'unknown'.

**Best Practice Standard:** 100% of all mandatory data fields for the prior quarter contain a value other than "unknown".

**SFY 2008 Standard:** 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	427	100%	100%	100%	100%	100%	100%	100%	100%	★★
Albemarle	465	100%	100%	99%	100%	100%	100%	91%	99%	★
Beacon Center	309	100%	100%	99%	100%	100%	100%	98%	100%	★
Catawba-Burke	629	100%	100%	100%	100%	100%	100%	97%	100%	★
CenterPoint	573	100%	100%	100%	100%	100%	100%	100%	100%	★★
Crossroads	373	100%	100%	99%	100%	100%	100%	100%	99%	★
Cumberland	732	100%	97%	99%	100%	100%	100%	99%	97%	★
Durham	758	100%	100%	100%	100%	100%	100%	100%	100%	★★
East Carolina Behavioral Health	657	100%	99%	100%	100%	99%	100%	99%	100%	★
Eastpointe	896	100%	94%	99%	100%	100%	100%	96%	100%	★
Five County	341	100%	99%	99%	100%	99%	100%	93%	95%	★
Foothills	384	100%	100%	100%	100%	100%	100%	100%	100%	★★
Guilford	859	100%	100%	100%	100%	100%	100%	98%	100%	★
Johnston	410	100%	100%	100%	100%	100%	100%	98%	100%	★
Mecklenburg	1,789	100%	99%	100%	100%	97%	100%	93%	100%	★
Onslow-Carteret	531	100%	95%	100%	100%	94%	100%	63%	98%	
Orange-Person-Chatham	139	100%	99%	99%	100%	99%	100%	97%	100%	★
Pathways	1,059	100%	100%	100%	100%	100%	100%	96%	100%	★
Sandhills Center	1,142	100%	100%	100%	100%	100%	100%	100%	100%	★★
Smoky Mountain	1,042	95%	87%	78%	99%	82%	100%	89%	100%	
Southeastern Center	1,105	100%	100%	100%	100%	100%	100%	99%	100%	★
Southeastern Regional	658	100%	100%	100%	100%	100%	100%	100%	100%	★★
Wake	923	100%	100%	100%	100%	99%	100%	98%	100%	★
Western Highlands	1,059	100%	100%	100%	100%	100%	100%	100%	100%	★★
<b>TOTAL</b>	<b>17,260</b>	<b>100%</b>	<b>98%</b>	<b>98%</b>	<b>100%</b>	<b>98%</b>	<b>100%</b>	<b>96%</b>	<b>100%</b>	<b>★</b>

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2008 Standard:

Total

7 (29.2%)

15 (62.5%)

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Extended SFY 2004 - 2007 Performance Contract  
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**Information Management, Analysis, and Reporting.**  
**1.8.2.4. Consumer Information - Client Data Warehouse (CDW)**  
**Identifying and Demographic Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2007 - June 30, 2007) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2008 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	1,074	37	1,037	97%	★
Albemarle	761	46	715	94%	★
Beacon Center	532	69	463	87%	
Catawba-Burke	916	17	899	98%	★
CenterPoint	1,659	20	1,639	99%	★
Crossroads	924	64	860	93%	★
Cumberland	1,213	1	1,212	100%	★★
Durham	778	0	778	100%	★★
East Carolina Behavioral Health	848	17	831	98%	★
Eastpointe	711	86	625	88%	
Five County	829	101	728	88%	
Foothills	912	24	888	97%	★
Guilford	1,304	27	1,277	98%	★
Johnston	867	0	867	100%	★★
Mecklenburg	1,389	122	1,267	91%	★
Onslow-Carteret	809	17	792	98%	★
Orange-Person-Chatham	735	235	500	68%	
Pathways	1,470	38	1,432	97%	★
Sandhills Center	2,429	67	2,362	97%	★
Smoky Mountain	439	88	351	80%	
Southeastern Center	1,501	50	1,451	97%	★
Southeastern Regional	1,123	2	1,121	100%	★★
Wake	2,598	151	2,447	94%	★
Western Highlands	2,229	11	2,218	100%	★★
<b>TOTAL</b>	<b>28,050</b>	<b>1,290</b>	<b>26,760</b>	<b>95%</b>	<b>★</b>

Number and Pct of LMEs that met the Best Practice Standard:

5 (20.8%)

Number and Pct of LMEs that met the SFY 2008 Standard:

14 (58.3%)

Total

19 (79.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. Only includes IPRS claims.

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**Information Management, Analysis, and Reporting.**  
**1.8.2.5. Consumer Information - Client Data Warehouse (CDW)**  
**Drug Of Choice Data**

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, and CSMAJ.

The table below shows the percentage of open clients in the designated target populations (April 1, 2007 - June 30, 2007) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 100% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2008 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	127	4	123	97%	★
Albemarle	154	15	139	90%	★
Beacon Center	21	0	21	100%	★★
Catawba-Burke	150	7	143	95%	★
CenterPoint	361	3	358	99%	★
Crossroads	126	27	99	79%	
Cumberland	197	2	195	99%	★
Durham	153	1	152	99%	★
East Carolina Behavioral Health	335	13	322	96%	★
Eastpointe	82	6	76	93%	★
Five County	78	9	69	88%	
Foothills	114	7	107	94%	★
Guilford	327	1	326	100%	★★
Johnston	48	2	46	96%	★
Mecklenburg	449	50	399	89%	
Onslow-Carteret	230	118	112	49%	
Orange-Person-Chatham	106	6	100	94%	★
Pathways	252	106	146	58%	
Sandhills Center	526	4	522	99%	★
Smoky Mountain	72	13	59	82%	
Southeastern Center	478	44	434	91%	★
Southeastern Regional	184	0	184	100%	★★
Wake	593	21	572	96%	★
Western Highlands	513	6	507	99%	★
<b>TOTAL</b>	<b>5,676</b>	<b>465</b>	<b>5,211</b>	<b>92%</b>	<b>★</b>

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2008 Standard:

Total

3 (12.5%)

15 (62.5%)

18 (75%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. Only includes IPRS claims.

**Information Management, Analysis, and Reporting.**  
**1.8.2.6. Consumer Information - Client Data Warehouse (CDW)**  
**Episode Completion (Discharge) Record - All Target Populations Except AMSRE**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service or other administrative activity for at least 60 days.

The table below shows the percentage of clients admitted since October 1, 2006, when this measure began, who during the prior quarter (April 1, 2007 - June 30, 2007) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

**Best Practice Standard:** 100% of clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

**SFY 2008 Standard:** 90% of clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record <sup>3</sup>	Number <u>with</u> Appropriate Activity or an Episode Completion Record <sup>4</sup>	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	423	0	423	100%	★★
Albemarle	465	23	442	95%	★
Beacon Center	309	7	302	98%	★
Catawba-Burke	625	2	623	100%	★★
CenterPoint	573	4	569	99%	★
Crossroads	373	2	371	99%	★
Cumberland	732	29	703	96%	★
Durham	758	0	758	100%	★★
East Carolina Behavioral Health	657	62	595	91%	★
Eastpointe	895	6	889	99%	★
Five County	341	1	340	100%	★★
Foothills	380	5	375	99%	★
Guilford	857	17	840	98%	★
Johnston	404	0	404	100%	★★
Mecklenburg	1,789	95	1,694	95%	★
Onslow-Carteret	531	158	373	70%	
Orange-Person-Chatham	139	8	131	94%	★
Pathways	1,059	4	1,055	100%	★★
Sandhills Center	1,142	0	1,142	100%	★★
Smoky Mountain	1,042	88	954	92%	★
Southeastern Center	1,104	94	1,010	91%	★
Southeastern Regional	658	0	658	100%	★★
Wake	923	67	856	93%	★
Western Highlands	1,058	4	1,054	100%	★★
<b>TOTAL</b>	<b>17,237</b>	<b>676</b>	<b>16,561</b>	<b>96%</b>	<b>★</b>

Number and Pct of LMEs that met the Best Practice Standard:

9 (37.5%)

Number and Pct of LMEs that met the SFY 2008 Standard:

14 (58.3%)

Total

23 (95.8%)

**Notes:**

- Percentages less than 90% are shaded red.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
- Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

**Information Management, Analysis, and Reporting.**  
**1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)**  
**Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.

SFY 2008 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments <sup>3</sup>	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met <sup>2</sup>
		# of Initial Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell-Rockingham	65	30	46.2%			
Albemarle	88	76	86.4%			
Beacon Center	33	2	6.1%			
Catawba-Burke	195	97	49.7%			
CenterPoint	236	40	16.9%			
Crossroads	132	86	65.2%			
Cumberland	200	110	55.0%			
Durham	84	35	41.7%			
East Carolina Behavioral Health	62	22	35.5%			
Eastpointe	109	103	94.5%			★
Five County	47	33	70.2%			
Foothills	102	34	33.3%			
Guilford	124	69	55.6%			
Johnston	174	161	92.5%			★
Mecklenburg	49	12	24.5%			
Onslow-Carteret	80	48	60.0%			
Orange-Person-Chatham	26	18	69.2%			
Pathways	211	62	29.4%			
Sandhills Center	270	48	17.8%			
Smoky Mountain	33	5	15.2%			
Southeastern Center	202	125	61.9%			
Southeastern Regional	61	53	86.9%			
Wake	203	54	26.6%			
Western Highlands	384	131	34.1%			
Totals	3,170	1,454	45.9%			

The timeliness criterion was not used to determine whether the performance standard was met this quarter.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2008 Standard:

2 (8.3%)

Total

2 (8.3%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. The expected number of initial assessments is based on the number of consumers receiving services as members of defined target populations, reduced by the number of exempt consumers reported by the LME or an estimate of the number of consumers to be exempted, whichever was greater.



**Information Management, Analysis, and Reporting.**  
**1.8.2.10. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)**  
**Update Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected update forms are received and are timely.  
SFY 2008 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell-Rockingham	440	240	54.5%	124	28.2%	
Albemarle	1,401	1,217	86.9%	825	58.9%	
Beacon Center	553	348	62.9%	188	34.0%	
Catawba-Burke	357	316	88.5%	160	44.8%	
CenterPoint	1,062	894	84.2%	478	45.0%	
Crossroads	555	324	58.4%	144	25.9%	
Cumberland	849	513	60.4%	255	30.0%	
Durham	709	539	76.0%	280	39.5%	
East Carolina Behavioral Health	933	646	69.2%	426	45.7%	
Eastpointe	349	273	78.2%	100	28.7%	
Five County	597	510	85.4%	318	53.3%	
Foothills	229	190	83.0%	118	51.5%	
Guilford	379	303	79.9%	216	57.0%	
Johnston	377	321	85.1%	165	43.8%	
Mecklenburg	1,255	1,029	82.0%	688	54.8%	
Onslow-Carteret	250	185	74.0%	51	20.4%	
Orange-Person-Chatham	287	225	78.4%	123	42.9%	
Pathways	536	372	69.4%	187	34.9%	
Sandhills Center	970	716	73.8%	425	43.8%	
Smoky Mountain	508	306	60.2%	147	28.9%	
Southeastern Center	705	698	99.0%	608	86.2%	
Southeastern Regional	1,082	855	79.0%	550	50.8%	
Wake	953	484	50.8%	221	23.2%	
Western Highlands	819	538	65.7%	343	41.9%	
Totals	16,155	12,042	74.5%	7,140	44.2%	

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2008 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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**Information Management, Analysis, and Reporting.**  
**1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)**

**Performance Requirement:** The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

**Best Practice Standard:** 95% of current assessments are no more than 15 months old.

**SFY 2008 Standard:** 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met <sup>2</sup>
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old <sup>1</sup>	
Alamance-Caswell-Rockingham	642	641	99.8%	★★
Albemarle	641	509	79.4%	
Beacon Center	737	735	99.7%	★★
Catawba-Burke	554	550	99.3%	★★
CenterPoint	1,080	1,079	99.9%	★★
Crossroads	618	614	99.4%	★★
Cumberland	654	654	100.0%	★★
Durham	591	554	93.7%	★
East Carolina Behavioral Health	1,489	1,109	74.5%	
Eastpointe	864	832	96.3%	★★
Five County	669	667	99.7%	★★
Foothills	332	330	99.4%	★★
Guilford	1,239	1,103	89.0%	
Johnston	341	337	98.8%	★★
Mecklenburg	1,891	1,849	97.8%	★★
Onslow-Carteret	697	354	50.8%	
Orange-Person-Chatham	884	726	82.1%	
Pathways	1,588	1,384	87.2%	
Sandhills Center	1,069	1,045	97.8%	★★
Smoky Mountain	1,064	734	69.0%	
Southeastern Center	973	973	100.0%	★★
Southeastern Regional	775	775	100.0%	★★
Wake	2,285	1,445	63.2%	
Western Highlands	1,618	1,506	93.1%	★
Totals	23,295	20,505	88.0%	

Number and Pct of LMEs that met the Best Practice Standard:

14 (58.3%)

Number and Pct of LMEs that met the SFY 2008 Standard: \_\_\_\_\_

2 (8.3%)

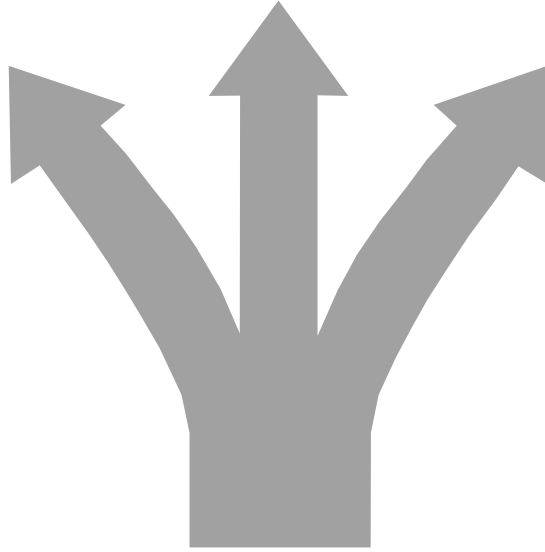
Total

16 (66.7%)

**Notes:**

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



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